

TRAVEL EXPENSE CLAIM

[See Instructions and Privacy](#)

Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME

John Cruz

| |
|-------------------------|
| SSAN OR EMPLOYEE NUMBER |
|-------------------------|

DEPARTMENT

Governor's Office

[illegible]

| |
|--------------|
| CB/ID NUMBER |
|--------------|

DIVISION OR BUREAU

INDEX NUMBER

Appointments Secretary

RESIDENCE ADDRESS

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|----------------------|
| HEADQUARTERS ADDRESS |
|----------------------|

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|------------------|
| TELEPHONE NUMBER |
|------------------|

1350 Front Street, Suite 6054

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|-----|
| СПУ |
|-----|

STATE

San Diego

CA.

92101

[illegible]

CLAIM TOTAL

\$85.51

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

4.28.09-4.29.09- Amended.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0,445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.

pertaining to vehicle safety and seat belt usage

DATE _____

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

5/12/09

5-13-09

| | |
|------|--|
| DATE | |
|------|--|